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Homeopathic Posology: Principles and Practice

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Abstract

The cornerstone of homeopathy lies in the principle of individualized therapy, and this concept is equally significant in determining the posology of homeopathic medicines. Unlike conventional medicine, where dosage is often standardized, homeopathic posology is carefully adapted to the specific condition and overall state of the patient. The primary source of guidance for homeopathic prescribing is Hahnemann's Organon of Medicine, a seminal work published in six successive editions, each reflecting important refinements in his therapeutic approach. Homeopathic remedies are typically prepared using two fundamental scales: the decimal (1:10) and the centesimal (1:100) dilutions. Beyond these, further advancements led to the preparation of higher dilutions such as the M scale (1:1000) and the LM scale (1:50,000), which expanded the scope of posological practice. It is noteworthy that homeopathic aggravation – the temporary intensification of symptoms – is not always required as evidence of a medicine's action, contrary to earlier beliefs. A major turning point in the evolution of posological principles came with the successive editions of the Organon. In the fourth edition, Hahnemann recommended administering remedies in the form of several granules. However, in the fifth edition, he introduced a significant modification: the administration of medicines in aqueous solution, a method that allowed for greater flexibility and gentler therapeutic effects. The sixth edition further consolidated this approach, while also introducing detailed instructions on the preparation and use of LM potencies, which represented a refined advancement in homeopathic practice. Therefore, accurate dosing in homeopathy requires not only a deep understanding of classical principles but also the capacity to apply them with clinical judgment. At times, for the well-being of the patient, it becomes necessary to adapt or refine established posological methods, reflecting the dynamic and individualized nature of homeopathic therapeutics.

Keywords: Complementary therapies, homeopathy, pharmacopoeias, homeopathic posology, pharmacy

INTRODUCTION

World Health Organization reports highlight that, in the past decade, many countries have lacked specific legal frameworks for regulating complementary and alternative medicine. Under this regulation, nine distinct branches of traditional medicine were formally recognized, one of which is homeopathy. Globally, the legal and healthcare status of homeopathy varies widely, with significant differences even among European Union member states. In some countries, homeopathic treatment is covered by national health insurance, whereas in others, patients must pay for such services independently. The terms *homeopathy* and *allopathy* share a common origin in the early 19th century. Samuel Hahnemann, the founder of homeopathy, coined the term *allopathy* to distinguish between the two approaches to

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healing. He explained that the word derived from the Greek *állos*, meaning "different" or "other," and reflected the therapeutic approach of treating diseases with remedies that produce effects contrary to the symptoms (*contraria contrariis curentur*). In contrast, homeopathy is founded on the principle that substances capable of causing specific symptoms in a healthy person can, in potentized and diluted form, relieve similar symptoms in an ill patient (*similia similibus curentur*). Today, the terms *allopathy* and *allopathic medicine* are generally applied to conventional or mainstream medicine. However, as medical science has evolved, it has become evident that the "principle of opposites" is not the sole guiding rule of modern medicine. For this reason, the terms are now used in a more neutral sense, free from the critical undertones that accompanied their original use. In Hahnemann's time, however, the term allopathy referred to the prevailing medical practice of the era, often described as "heroic medicine," which relied on aggressive methods such as bloodletting, purging, and other extreme interventions [1, 2].

POSOLOGY IN HOMEOPATHY

In homeopathy, the concept of posology is fundamentally distinct from that of conventional medicine. At the heart of homeopathy lies the principle of individualized care, where treatment is tailored to the unique symptom profile of each patient. This principle directly influences how remedies are prescribed, since the choice of potency, dosage, and frequency depends not only on the patient's overall vitality, level of resistance, and health status before and during illness, but also on the nature of the disease itself – its stage, severity, and duration [3]. Hahnemann's *Organon of Medicine*, the cornerstone of classical homeopathic practice, provides detailed instructions on the principles of posology [4]. What makes Hahnemann's work remarkable is that it did not rest on abstract theorizing; rather, it was firmly rooted in systematic experimentation and careful clinical observation. With each new edition of the *Organon*, he refined his guidance, offering clear reasoning for earlier conclusions while at the same time showing the readiness to revise or adapt his methods whenever experience demonstrated a more effective approach [5].

The progression of Hahnemann's insights and their continued relevance in modern practice have been extensively analyzed by leading homeopaths. Among them, Dr. Luc De Schepper is particularly noted for his clear and systematic interpretation of Hahnemann's principles, which has contributed greatly to their contemporary application [6]. The purpose of this work is to present to the medical community in our country the historical development of homeopathic posology – an evolution that not only shaped its foundations but also continues to guide present-day homeopathic prescribing.

THE EDITIONS OF THE ORGANON

A major challenge in homeopathy today is the variety of methodologies applied in practice, often defended by referring to homeopathy as an "art of healing" [3]. This expression is not without truth, since every physician must indeed bring an artistic dimension to their work – establishing trust with patients, listening with empathy, observing attentively, and interpreting individual symptoms with sensitivity. Nevertheless, it is important to remember that Samuel Hahnemann, a man of broad scientific training in chemistry, pharmacy, and medicine, conceived homeopathy above all as a scientific medical system. He insisted that its proper practice depended on strict adherence to well-defined principles, which he systematically laid out in his foundational work, *The Organon of Medicine*. While the *Organon* does not limit a physician's freedom of judgment, it provides essential, empirically tested guidelines that orient the practitioner in clinical decision-making. Despite its importance, studying the *Organon* presents certain difficulties. Its style – often characterized as "legalistic" – can be challenging for readers, as it is structured into numbered aphorisms, each representing an observation or directive, arranged to reflect the logical progression of homeopathic treatment. Today, modern homeopathic practitioners have helped ease these challenges. Through professional meetings, seminars, and clinical discussions, they offer interpretations and practical examples that illuminate Hahnemann's text, making his instructions more accessible and applicable in contemporary clinical practice.

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HOMEOPATHIC POTENCIES AND THE ACTION OF REMEDIES

To better understand Hahnemann's perspective on the dilution and administration of homeopathic medicines – particularly for readers less acquainted with the principles of homeopathic posology – it is important to first outline the fundamental aspects of remedy preparation. A homeopathic medicine originates from the *mother tincture*, which is prepared from a medicinal substance. This tincture is then progressively diluted with a mixture of water and alcohol, according to one of two standard dilution systems. In the decimal scale (designated as D or X), the proportion is 1 part substance to 9 parts diluent (1:10). In the centesimal scale (designated as C), the proportion is 1 part substance to 99 parts diluent (1:100). Practically, this means that one drop of the mother tincture is added to nine drops of diluent for the decimal scale, or to ninety-nine drops for the centesimal scale. What distinguishes homeopathic preparations from simple dilution is the addition of *succussion*, a vigorous shaking process performed at every stage of dilution. Hahnemann referred to this as *dynamization* or *potentization*, believing it to be the essential factor that transforms an inertly diluted solution into a therapeutically active remedy. Traditionally, succussion involves about 100 firm strikes of the container against a hard yet elastic surface. After one such dilution–succussion step, the resulting preparation is designated as 1D (or 1X) in the decimal scale or 1C in the centesimal scale.

By repeating the same process – taking a drop from the previously prepared dilution, combining it again with the corresponding diluent, and applying succussion -– progressively higher potencies are created. In this way, serial dilutions in the centesimal scale give rise to preparations such as C5, C6, C12, C30, and so forth, extending even to high potencies like C200 and beyond. Thus, a homeopathic remedy is not only *diluted* but also *energetically activated* through succussion, and this combination determines its potency. Potencies are expressed by an Arabic numeral, which reflects the number of dilution steps, followed by a Roman letter that indicates the scale used (D/X for decimal, C for centesimal). Generally, the greater the number of dilutions and succussions, the deeper or more profound the action of the remedy is believed to be. Remedies prepared in the centesimal scale are considered more powerful than those of the decimal scale, and within the same scale, higher potencies (such as 200C) are regarded as more profound in their therapeutic effect compared with lower ones (such as 30C) [7–9].

THE LM SCALE AND HOMEOPATHIC AGGRAVATION

Beyond the commonly used decimal and centesimal scales, homeopathic medicines can also be prepared according to the *1:50,000 dilution ratio*, known as the LM or Q scale. In this method, each step of dilution is followed by a fixed number of 100 succussions. The resulting preparations are labeled sequentially as LM1, LM2, LM3, and so forth. Remedies produced in this scale are considered to be exceptionally powerful and are therefore not part of routine prescribing. Detailed explanations on both the preparation and clinical interpretation of LM potencies have been systematically presented by Dr. Luc De Schepper in Chapter 6 of his book *Hahnemann Revisited* [10]. Although LM potencies are regarded as highly effective and often associated with the ability to shorten the overall course of treatment, there exists a widespread misconception among many contemporary practitioners that these preparations are inherently gentle and incapable of producing homeopathic aggravations. Hahnemann himself explicitly emphasized that even the lowest LM potency exerts a stronger action than its corresponding centesimal potency. To properly appreciate Hahnemann's innovations across successive editions of the *Organon*, it is essential to clarify the meaning of the term *homeopathic aggravation*. In Serbian homeopathic literature, the synonymous phrase *medical aggravation* is occasionally employed; however, in international homeopathic writings, the term *homeopathic aggravation* (or *homeopathic aggravatio*) is carefully distinguished from four other forms of aggravation, one of which corresponds to medical aggravation [11]. This distinction highlights a central difference between the action of homeopathic remedies and that of conventional (allopathic) medicines. The mechanism underlying the action of homeopathic remedies remains insufficiently understood and continues to attract considerable attention not only from physicians but also from researchers in fields such as physics, chemistry, and other technical sciences. Among the explanatory models proposed, one of the more recent perspectives is that their effects may be interpreted within

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the framework of *informational pharmacology* [12–15]. Given the complexity and evolving nature of this subject, the scope of this paper will be limited to presenting the generally accepted view of the essential distinctions between the mechanisms of action of homeopathic medicines and those of conventional allopathic drugs [16].

THE ACTION OF HOMEOPATHIC REMEDIES COMPARED TO ALLOPATHIC DRUGS

Conventional (allopathic) medicines generally operate by acting directly against pathological processes. For instance, antipyretics are used to reduce fever, while antihypertensives lower elevated blood pressure. Their mechanism of action is typically antagonistic, targeting the symptom or disease manifestation itself. Homeopathic remedies, in contrast, are designed to act indirectly by stimulating the organism's intrinsic capacity for self-regulation and healing. Hahnemann referred to this inherent restorative capacity as the *vital force*, a term reflecting the medical and scientific understanding of his time. In modern medicine, similar integrative processes are explained through the psycho-neuro-endocrine-immune (PNEI) system, which coordinates communication between the mind, nervous system, endocrine system, and immune responses. Thus, the historical notion of the vital force may be reinterpreted today as an early conceptualization of these complex physiological networks [17, 18].

Disease occurs when the vital force is disrupted to such an extent that it can no longer restore balance on its own, leading to progression and chronicity of illness. A homeopathic remedy addresses this imbalance not by opposing symptoms, but by providing a specific *informational stimulus* – a signal that mimics, in a controlled and diluted form, the very disturbance caused by the disease. Through the process of dilution and succussion (potentization), the remedy becomes gentle yet dynamic. When introduced into the organism, it stimulates the vital force to react curatively, mobilizing the body's own resources to restore equilibrium. Importantly, this mobilization is proportional, engaging only as much of the body's reserves as are necessary to achieve recovery, thereby ensuring that the healing process remains natural and sustainable. However, because this interaction with the vital force is subtle, the possibility of overstimulation exists. If the stimulus exceeds the optimal therapeutic threshold – whether due to an unsuitable potency, incorrect dosage, or heightened sensitivity of the patient – a phenomenon known as *homeopathic aggravation* may occur. This is more commonly seen in acute conditions, though it may also appear in chronic cases, even when the selected remedy is correct. It is important to recognize that the therapeutic effect of a homeopathic remedy may take place either with or without the presence of aggravation. The occurrence of aggravation, therefore, is not a mandatory sign of remedy action, nor is it required for successful treatment. When present, aggravation is temporary and does not indicate a worsening of the underlying pathology. Instead, it represents a short-lived, non-curative reaction that may momentarily slow the healing process, as part of the organism's energy is diverted into managing this heightened response. For this reason, patients must be clearly informed that such a reaction should be understood as a *homeopathic aggravation* – a predictable and passing phenomenon – rather than a deterioration of their disease. This explanation reassures patients, preserves their confidence in the treatment process, and helps them to distinguish between the expected effects of a remedy and the natural course of their illness [11].

RECOMMENDATIONS ON POSOLOGY ACROSS THE EDITIONS OF THE ORGANON

Hahnemann's views on the appropriate administration and repetition of homeopathic remedies underwent notable development throughout the successive editions of the Organon of Medicine. A particularly important shift occurred in the fourth edition, where he provided clear directions regarding dosage. At this stage, he recommended that remedies be dispensed as a few poppy seed–sized globules (pellets), most often prepared in the standard centesimal 30th potency (C30). According to his instruction, repetition of the dose was not to be undertaken while the patient was showing signs of improvement. Only once the original disease symptoms had fully reappeared was a new dose justified. This principle is articulated in paragraphs 240 and 242, where Hahnemann stressed that the remedy must be allowed to complete its action before another dose is administered. In paragraph 245, he further cautioned that giving an additional dose too soon – while the effects of the

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first were still unfolding—would not accelerate recovery but rather delay it. Such premature repetition, he explained, risked disturbing the natural healing reaction already set in motion by the initial dose. This reasoning formed the basis of what later came to be called the "wait-and-watch" method. Many homeopaths continue to employ this method even today, believing that withholding the next dose until symptoms relapse ensures the most accurate and gentle therapeutic outcome. Yet, what is less frequently emphasized is that Hahnemann himself later moved beyond this approach. His continuing clinical observations led him to refine and ultimately abandon the strict "wait-and-watch" method, especially as he recognized its limitations in chronic disease management. By the time he prepared the sixth edition of the Organon, he had introduced a new and more effective strategy of administration. The turning point in his thinking had already appeared in the fifth edition, where Hahnemann made a major innovation: the systematic use of remedies in liquid form. In the earlier, fourth edition, he had permitted liquid dosing only in certain situations –specifically in acute illnesses or in chronic cases involving patients of robust constitution. However, by the fifth edition, he had come to regard the liquid method as superior to dry globules for general use. This refinement also introduced a crucial procedural step: vigorous succussion of the liquid solution immediately before each administration. By shaking the solution firmly just prior to dosing, the remedy underwent a fresh "dynamization" each time, thereby ensuring that every dose carried renewed potency. This innovation allowed for both greater flexibility and precision in treatment, as remedies could now be given more frequently and adjusted more subtly to the patient's needs. In summary, the evolution from the pellet-based, non- repetitive method of the fourth edition to the liquid, succussed, and more adaptable method of the fifth and sixth editions reflects Hahnemann's continuous effort to refine posology for safer and more effective therapeutic results [6].

POSOLOGY IN THE SIXTH EDITION OF THE *ORGANON*

The publication of the sixth edition of Hahnemann's *Organon of Medicine* marked the culmination of decades of clinical experience and experimentation. While the fifth edition had already introduced groundbreaking changes in posology – most notably the systematic use of liquid preparations – the sixth edition not only consolidated these innovations but also introduced additional refinements. Among these, the most significant was Hahnemann's elaboration on the use of the LM (Q) potencies, which represented the highest stage of his therapeutic development. One of the central reasons for Hahnemann's progressive shift toward liquid preparations, first in the fifth edition and then perfected in the sixth, was his determined effort to minimize or entirely prevent the problem of homeopathic aggravation. This phenomenon, a temporary intensification of symptoms following administration of a remedy, was especially troublesome in patients with delicate constitutions or advanced pathological states. Hahnemann's mature clinical insight revealed that such aggravations were not signs of therapeutic superiority but rather reflected unnecessary strain upon the organism.

This understanding directly challenges a widespread misconception still encountered among some practitioners – that aggravation is inevitable, desirable, or even proof that the remedy has been correctly chosen. In fact, Hahnemann's later work shows precisely the opposite: he devoted much of his refinements in posology to avoiding unnecessary aggravations and to promoting cures that were not only rapid but also as gentle as possible. When the progression of his teachings is studied across the fourth, fifth, and sixth editions, a clear trajectory emerges. Hahnemann consistently sought to refine dosage and potency in such a way that the remedy would harmonize with the patient's vital force, producing curative effects without undue disturbance. By the time of the sixth edition, this vision found its fullest expression in the LM scale. In paragraph 161, Hahnemann makes an explicit and important statement: homeopathic aggravation is not essential to the healing process. He explained that when LM potencies are employed correctly, aggravation, if it occurs at all, is usually mild and tends to appear only toward the end of treatment. At this stage, the vital force has already regained much of its strength, so the organism can tolerate the temporary aggravation without harm. This stands in contrast to the stronger aggravations often produced by centesimal (C) potencies, which typically occur at the very beginning of treatment, when the patient is still in a weakened state. Hahnemann also laid down clear criteria for selecting potency and dosage in the sixth edition.

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In paragraph 281, he highlighted three key considerations

- the constitution and temperament of the patient (e.g., whether the individual is robust or sensitive),
- the nature of the disease, distinguishing between acute and chronic conditions, and
- the character of the remedy itself, noting that medicines derived from plants generally act more gently than those sourced from minerals or animals.
- Building upon these principles, modern interpretations of LM posology have emphasized several practical rules consistent with Hahnemann's final teachings:
- Potency choice in the LM scale is determined by the stage of disease, rather than by its type or diagnosis.
- The transition from centesimal (C) to LM potencies requires discernment, as no precise equivalence exists between the two scales. Nevertheless, clinical tradition, supported by Hahnemann's followers such as Boenninghausen, suggests certain guidelines: LM1 may be administered after C30, LM2 after C200, and LM3 after 1M.
- Liquid administration is essential for LM remedies, just as for centesimal preparations in Hahnemann's later practice. Between 1840 and 1843, Hahnemann himself alternated between C and LM scales, always in liquid form.
- Dry dosing of LM remedies should be regarded as an exception, reserved only for urgent situations. In all other cases – especially with higher LM potencies –the remedy must be prepared in liquid solution.
- Repetition at the same potency is forbidden. In paragraph 247, Hahnemann strongly warned against giving identical, unchanged doses. To ensure each administration was slightly modified and thus individualized, he required that the solution be succussed before every dose, thereby introducing a fresh level of dynamization and preventing mechanical repetition.

Taken together, these refinements in the sixth edition reveal Hahnemann's final and most advanced vision of posology: remedies carefully adjusted to the patient's state, administered in liquid form, subtly modified before each dose, and delivered in such a way as to achieve cure that is not only effective but also gentle, rapid, and lasting [6, 11].

CONCLUSION

The doctrine of posology in homeopathy stands in sharp contrast to that of conventional (allopathic) medicine. In homeopathy, the dosage and repetition of remedies are not governed by rigid pharmacological standards but are instead determined by principles that require a deep and precise understanding of classical homeopathic philosophy. The proper administration of a remedy depends on an appreciation of the patient's individuality, the dynamic action of potencies, and the laws first formulated by Samuel Hahnemann. Despite the existence of abundant primary sources – particularly Hahnemann's *Organon of Medicine* and the extensive writings of his followers – considerable confusion and uncertainty continue to surround posological practice. These uncertainties are not limited to conventional physicians who may be unfamiliar with homeopathy; they also persist among homeopaths themselves, reflecting differences in interpretation and clinical approach. Such variations within the profession can, however, be reduced and gradually harmonized. A thorough and systematic study of authoritative texts, combined with active engagement in professional meetings, seminars, and case discussions, offers opportunities for practitioners to clarify ambiguities, exchange experiences, and refine their techniques. These forums also serve to connect theory with practice, demonstrating how Hahnemann's instructions can be applied effectively in the realities of daily clinical work.

Nevertheless, the demands of contemporary life often pose challenges. Many practitioners find it difficult to devote the necessary time to an in-depth study of the *Organon* or to master the complex reasoning underlying Hahnemann's later refinements in posology. In this respect, the shared clinical experience of practicing homeopaths across the world becomes an invaluable complement to classical texts. The accumulated wisdom of experienced clinicians provides practical insights that help bridge the

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gap between theory and modern therapeutic demands. Ultimately, every practitioner has the opportunity – and indeed the responsibility – to draw upon both the classical sources and the collective clinical tradition of homeopathy. By doing so, they can continuously adapt and improve their methods, ensuring that treatment remains faithful to Hahnemann's central vision: that of achieving cure in a rapid, gentle, and enduring manner. This spirit of ongoing refinement and willingness to learn mirrors Hahnemann's own lifelong commitment, reminding us that homeopathy is not a static doctrine but a living science, always capable of growth and improvement in the service of patients.

Conflict of Interest

Author declares no conflict of interest.

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